



**DISTRICT OF COLUMBIA PUBLIC SCHOOLS
APPLICATION TO USE FACILITIES**

This form must be received in the Real Estate Office at least twenty (20) working days prior to the proposed use. For more information, call the Real Estate Office on (202) 442-5199. The Principal's approval is needed prior to submitting this application to the Realty Office.

DATE OF APPLICATION: _____ **FACILITY REQUESTED:** _____

NAME OF USER/ORGANIZATION: _____

AUTHORIZED CONTACT: _____

ADDRESS: _____ **TELEPHONE:** _____

_____ **FAX:** _____

DESCRIPTION OF PROPOSED USE: (Attach a brochure, flyer, etc. describing your activity.)

Check if applicable to proposed use.: More than 100 persons expected to attend: _____ Handling of money: _____

Specific Area Requested: Auditorium _____ Gymnasium _____ Stadium _____ Armory _____

Cafeteria _____ Kitchen _____ No. of Classrooms _____ Other _____

Period of Requested Use:	Hours	Days	Dates
	From...To	Mon-Sun	Month/Day/Year
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Type of User:

Public School Related:

_____ PTA or HSA
_____ DCPS Program or Activity
_____ Other _____

Non-Public School Related:

_____ Religious Organization
_____ Non-Profit Group
_____ Other _____



How is the program funded? DCPS _____ Grant _____ Other _____
Is the Staff paid? _____ or volunteer? _____ Is there a charge to
the participants? Yes _____ No _____

USER NAME: _____

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I hereby agree to be bound by the terms of the Application to Use Facilities and to abide by the pertinent rules of the Board of Education, Sections 3500 thru 3508 and Superintendent Directives. Furthermore, I agree to make final arrangements and publicize this activity ONLY after written approval has been received.

User Signature: _____

Date: _____

NOTE: All Users must immediately vacate the premises, as a result of a court order, construction, or inclement weather. This agreement may be cancelled with a thirty (30) day notice for the convenience of the School System.

INSURANCE INFORMATION:

The following information must be accurate. (False information will be cause for immediate termination of the agreement.)

Name of Insurance Company: _____

Policy Number: _____ Coverage: _____

Name and Telephone no. of Insurance Agent: _____

All users must sign an Indemnification Form, after approval of the use application by the Real Estate Office as necessary. This form plus a copy of the User's Insurance Certificate must be submitted to the Real Estate Office at least forty-eight (48) hours prior to entering the building.

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For DCPS Real Estate Office Use Only

Calculated by: _____

REQUESTED USE	Fee	No. Rooms	Daily/Monthly	Days/Months	Total Cost
Auditorium	_____	_____	_____	_____	_____
Gymnasium	_____	_____	_____	_____	_____
Classroom(s)	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

PERSONNEL	Name/Grade	Hourly Rate	Hours	Daily Cost	No. of Days	Total Cost
Custodian-1	_____	_____	_____	_____	_____	_____
Custodian-2	_____	_____	_____	_____	_____	_____
Custodian-3	_____	_____	_____	_____	_____	_____
Engineer	_____	_____	_____	_____	_____	_____



Repairman _____

Security _____

Food Service _____

USER NAME: _____

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CONTINUOUS USERS

Pro-Rated Rental Fee	Cost/Sq. Ft. Per Day	No. Sq. Ft.	No. Days	Total Cost
Schedule A	\$.024			
Schedule B	.007			

DCPS Signatures	RECOMMEND	APPROVE	DISAPPROVE	DATE
PRINCIPAL/FACILITY ADMINISTRATOR				

REALTY OFFICER				
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SUPERINTENDENT/DEPUTY/ASSISTANT				
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FORM NO. 53RO390 REV 2/98

DCPS Signatures
PRINCIPAL/FACILITY ADMINISTRATOR

REALTY OFFICER
SUPERINTENDENT/DEPUTY /ASSISSTANT SUPERINTENDENT